



Initial Application Date: 6-4-15

Application # 1550030333
CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Smith, Gary H. Mailing Address: 45 Wildwood Way
City: Cameron State: NC Zip: 28324 Contact No: 702-445-2091 Email: Smitty111-222@yahoo.com

APPLICANT*: Same As Above Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Gary Smith Phone # 702-445-2091

PROPERTY LOCATION: Subdivision: Carolina Seasons Lot #: 80 Lot Size: .35
State Road # 45 State Road Name: Wildwood Way Map Book & Page 2009, 438
Parcel: 09 9567 03 0000 23 PIN: 9557-60-4029.000
Zoning: R200R Flood Zone: X Watershed: NA Deed Book & Page: 3230 / 20 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))
- Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no)
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)
- Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- Addition/Accessory/Other: (Size 31 x 15) Use: BULL'S ROOM
Extra Bedroom/Entertainment Room Closets in addition? () yes () no

Water Supply: _____ County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: Manufactured Homes: _____ Other (specify): _____

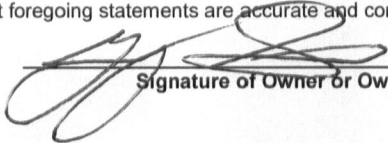
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: adding 1 Bdr. to =
a total of 4 Bdr's

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 to 87, take right on 87,
then left on Milton Welch, then left onto Ponderosa, an immediate R
into Carolina Seasons (Ponderosa), then (about 1.8 miles) take a
R onto Wildwood and house is on left - 45 Wildwood Way

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.



Signature of Owner or Owner's Agent

04 Jun 15
Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

HTE# 09-52375R

Harnett County Department of Public Health

23276

PERMIT # 27774

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: PONDEROSA RD

Name: (owner) BILL CLARK HOMES SUBDIVISION CAROLINA SEASONS LOT # 80

System Installer: WAYNE JONES Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

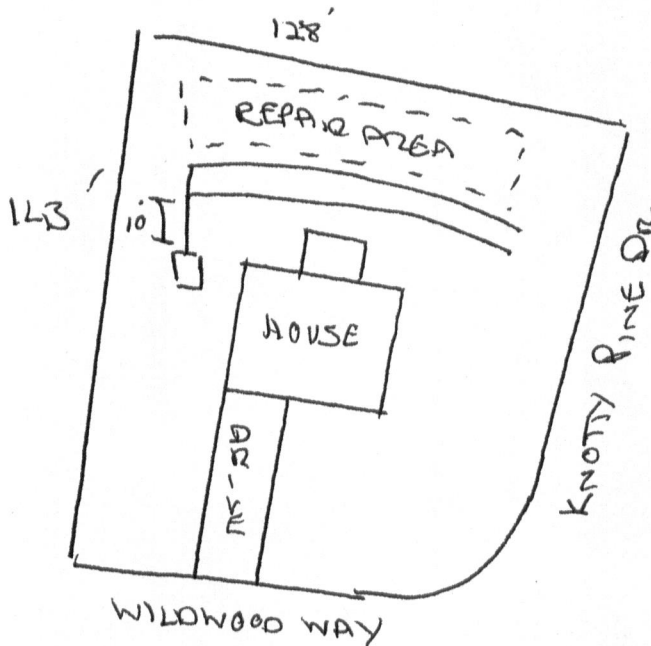
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIIg Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other CHAMBER (24") Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 150 feet width of ditches 3 feet depth of ditches 18-36 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

REH

Date 5/8/14

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name: Gary and Cindy Smith Date: 6-16-2015

Site Address: 45 Wildwood Way, Cameron, NC 28326 Phone: 702-445-2091

Directions to job site from Lillington: Take the 27 to the 87, and take the exit towards Sanford. Go up the 87 and take a left on Milton Welch. Take Milton Welch to Ponderosa Rd. Take a left on Ponderosa Road, and an immediate right on to Ponderosa Trail. Follow Ponderosa Trail almost to the end and take a right onto Wildwood Way. We are the 2nd house on the left side.

Subdivision: Carolina Seasons/ Ponderosa Golf Club Lot: 80

Description of Proposed Work: Finish 3rd Floor into 4th Bedroom # of Bedrooms: 3

Heated SF: 2300 Unheated SF: 704 Finished Bonus Room? Yes Crawl Space: Slab: X

General Contractor Information

Gary Smith
Building Contractor's Company Name

702-445-2091
Telephone

45 Wildwood Way Cameron, NC 28326
Address

Smithy111-222@yahoo.com
Email Address

License # _____

Electrical Contractor Information

Description of Work Install outlets and breaker Service Size: 200 Amps T-Pole: Yes X No

Billing's Electric
Electrical Contractor's Company Name

919-258-3115
Telephone

736 John Rosser Rd, Sanford, NC 27332-6471
Address

Email Address

18798-U
License #

Mechanical/HVAC Contractor Information

Description of Work Install Mitsubishi Ductless HVAC Unit

American Comfort Solutions
Mechanical Contractor's Company Name

919-552-9223
Telephone

126 S. Fuquay Ave., Fuquay Varina, NC 27526
Address

Email Address

30674
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer(s) of Corporation

16 Jun 15

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner _____ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

_____ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

_____ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: _____

Sign w/Title: _____ Date: _____